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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  26384  7590 03/24/2005				Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.		
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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/657,776	09/08/2003	•	Eric S.	Snow	NC 84,571	1831
TITLE OF INVENTION: INTERCONNECTED NETWORKS OF SINGLE-WALLED CARBON NANOTUBES						
		order of birton	D WILLED	CHABOTT MATO TO DES		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	06/24/2005
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EXAMINER		ART UNIT		CLASS-SUBCLASS	J	
PERT, EVAN T				073-031050		
<ol> <li>Change of correspondence address or indication of "Fee Address" (3' CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)		· · · · · · · · · · · · · · · · · · ·
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN		clow, no assignee of this form is NO.	data will appe Γa substitute	ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR CO	06/03/2005 MBEYENE2 000 00/05/2001 1400.0 02 FC:1504 300.0	0 <u>0</u> 0241 10657776 127
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the pa	atent): 🔲 Individual, 🖫 C	orporation or other private gr	oup entity 🖸 Governm
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Issue Fee			A check in the amount of the fee(s) is enclosed.			
Advance Order - # of	mall entity discount permitte	ed)	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment			
Advance Order - # 01	Copies25		Deposit Acco	ount Number 50-0281	narge the required fee(s), or (enclose an extra c	credit any overpayment copy of this form).
5. Change in Entity Status	`	,	_			
	MALL ENTITY status. See :			ant is no longer claiming SMA		
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Authorized Signature	MI			Date	5/5/05	
Typed or printed name	John J. Karasek			Registration	· · · · · · · · · · · · · · · · · · ·	
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